

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

County Registrar's No. *407

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Taylor County Navajo No. St.
(Registration District)

I HEREBY CERTIFY that the child described
herein has been named

SEX OF CHILD*	Twin Triplet or other	and	Number in order of birth
<u>male</u>	<u>single</u>		<u>10</u>
DATE OF BIRTH* <u>April</u> <u>29</u> <u>1932</u> (Month) (Day) (Year)			
FULL NAME	FATHER <u>Lorenzo John Hatch</u>		
FULL MAIDEN NAME	MOTHER <u>Julia Wakefield</u>		

Gary Rand Hatch

(Surname)

(Give name in full)

Julia W. Hatch

(Parent's Signature)

J. N. Hayward

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-12-Bower Co.